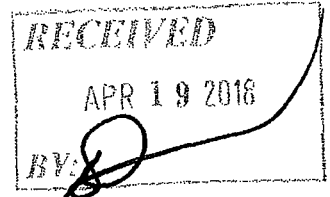


ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
9535 E. DOUBLETREE RANCH ROAD, SUITE 100, SCOTTSDALE, AZ 85258
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV



COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: April 19, 2018 Case Number: 18-103

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: DR. BRANDON PRINCE -
Premise Name: FOOTHILLS ANIMAL HOSPITAL
Premise Address: 11769 S. FRONTAGE RD
City: YUMA State: AZ Zip Code: 85367
Telephone: (928) 342-0448

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: MONICA G TIRADO BINDER
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: GUERA BINDER

Breed/Species: CHIHUAHUA DOG

Age: 8.5

Sex: F

Color: BLONDE

PATIENT INFORMATION (2):

Name:

Breed/Species:

Age:

Sex:

Color:

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

DR. BRANDON PRINCE, FOOTHILLS ANIMAL HOSPITAL, 11769 S.
FRONTAGE RD YUMA, AZ 85367 928-342-0448

DR. POLOSETSKI, IRONWOOD VETERINARY CLINIC 2632 S. AVE B. YUMA,
AZ 85364 PH 928-726-5432

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

HOLLY BINDER, 11 YR OLD

JAMES MCQUINN

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature:

Date:

329-15

TIME LINE:

10/10/2017-took my dog in for a dental. I called in to check on her, Doctor Brandon Prince came on the phone and told me he ran into some trouble but he called a doctor in (I believe) California, and this Dental Specialist told him how to proceed. He said my dog had a broken jaw and that when he pulls a tooth holding the pieces together, it will crumble. He said it will be bad at first but after 30 days it will be better, then 60 days later should be okay because the scar tissue will act as a new jaw bone. I asked why not put in a metal plate or something like that, he said that would have to be the smallest plate and laughed. He then mentioned that there won't be any bone to attach plate to. He assured me he was told how to proceed and that she should be okay, so I said thank you and I recall telling him how bad I felt that my dog had a broken jaw and how I didn't realize she had been in pain since she likes to fight with my other dogs. He said something to the effect of ,well you have her here now lets move forward. He said he woud speak to me more once I come to pick her up and he went back to the surgery.

I picked up my dog that evening and doctor did not come talk to me. My dog looked so bad. She was bloody and seemed so out of it.

10/21/17-I called the vet office to let them know my dog was not doing well. They were overbooked but I insisted and they got Dr. Brandon Prince on the phone. I described my dogs condition, she was very down, and would not eat. He said there was nothing more he could do. I insisted that I would feel better if he said that after he had checked, that he has not seen her. He had me rush over since he was leaving town.

I arrived before 10am. He told me he noticed right away that my dog was not the same. Not trying to bite him like normal. I explained how she went downhill fast. I explained that sometimes she tries to eat but vomits. This is when he suggested that maybe a specialist look at her. I told him I think she really needs to eat now, that maybe this is why she is so down, then he mentioned a feeding tube, but did not elaborate. I asked if she could get better but he said it is out of his hands, and said I had pretty much 3 options. Feeding tube, specialist or putting her down. He explained that he did not really recommend the specialist because it could take 3 more surgeries at around \$6000 and that it would be a long process and very painful. He said she wouldn't do well with more surgery since she was doing this bad with this surgery. (my daughter was at this appointment with me). I did not want to give up so I asked if I could force feed her. He agreed and gave me some food and syringes, with instructions. He also took my dog and gave her a shot so she would not throw up the food.

10/23/17-this night my dog began to get extremely sick. She looked terrible and was now not moving much at all.

10/24/17-This morning my dog was not conscious and she was stiff, but could see some breathing. I rushed her to a different vet, to Ironwood Veterinary. Surprisingly this place went into full rescue mode. They treated the emergency and we began calling Foothills Animal Hospital for records. Records were not very forthcoming. Both Ironwood and I got on the phone and demanded the records explaining that my dog was dying. I know Dr. Polosetski found an open nasal fistula that was very infected. On the same day I went over and requested records in person at Foothills Animal Hospital. I explained to the

staff what was happening and asked to speak to a doctor. They advised me that their doctors were out of town and that they would let Doctor Brandon Prince know what happened once he returned from his trip.

10/26/2017 Dr. Brandon Prince called me. His recollections of the call during surgery were different than mine. He said to me during this call: I broke your dog's jaw when I was trying to take an xray of her mouth. I was shocked! I reminded him that he told me I brought the dog in that way, and so I asked him again, and he said yes, he broke it while trying to get the xray in her mouth. He said he was trying this/that and it broke. He said I misunderstood the original call and that is why they record calls, but when I asked for recording he said this call was not recorded. I told him about the open fistula and he said the sutures must have failed. He said they fail 50 percent of the time and that is why they should have been done by a specialist. He should say that before the surgery not after. My question is why not refer the dog if he knew he could not complete the surgery. I advised him that Dr. Polo. at Ironwood was going to close it once my dog was better and he strongly recommended that I do not let a local vet do it. Dr. Polosetski has since completed the surgeries to close it.

I told him my dog needed care when I brought her that Saturday 10/21/17. That test should have been done. He never offered to do blood work. He told me the feeding tube implies blood work would have been done. (I did not know this.) I told him the k9 hole he left open got infected and that is what was causing my dog to be sick. Dr. Brandon Prince said it must have opened up.

11/10/2017-I wrote and mailed a certified letter to Foothills Animal Hospital, which I have included in this envelope. I addressed it to Dr. Kirk Prince (the father of Dr. Brandon Prince, for a second opinion since my conversation with Dr. Brandon Prince did not seem to go anywhere.

A few days later I met with Dr. Kirk Prince at Foothills Animal Hospital regarding my letter. He said maybe the dog was sick because I did not administer the meds properly since I stopped them after 8 days . (antibiotics) Looking at the meds now, I do not believe any antibiotics were prescribed. Looks like anti-inflammatory and pain meds. I mentioned to him that there was full mouth radiographs on my invoice, but his office staff confirmed they were not taken. He said that was not true but when I asked for them he could not produce them either. He later said since her teeth seemed so loose, that they could be plucked out, he did not need the radiograph before the surgery, so that is why they did not do them. Then he said that he had done most of the surgery. Now this was new information because when I had asked to talk to the elder Prince, I was told by the office staff that he had nothing to do with the procedure, that Dr. Brandon Prince performed it and that is who I need to deal with. Dr. Brandon Prince had been telling me all along he performed the surgery also. Dr. Kirk Prince also told me that Dr. Brandon Prince did not break my dogs jaw. That it was a vet tech. When asked by my friend who had accompanied me, if the vet had a license he said no, and that this is not abnormal, that most vets in AZ do not have licenses. Now please take into account, that I was told I brought in a dog with a broken jaw, then Dr. Brandon Prince said he actually did it, and now it is a vet tech. I do not understand all this misinformation.

Dr. Kirk Prince (dad) seemed more upset that I was speaking negatively about his son and his business. He said I posted negative reviews. I had not. I had actually posted a positive review when I dropped off my dog because they were so helpful and friendly. I deleted it after they half-killed my dog.

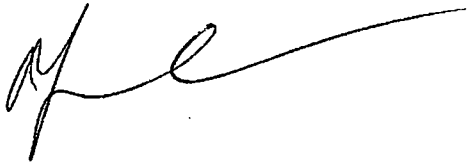
I do not know his son, or any of them personally. I only know that what happened does not seem right. I am respectfully asking that you review this case, from anesthesia to medicines prescribed.

Dr. Kirk Prince did say to forward my invoices to him and if he determines that what the other vet did was necessary and relevant, then he will reimburse me. I have not sent those to him. I feel that the board can make that determination.

My dog has been under the care of Ironwood for this since October 2017 up until the middle of this month. I have included the records from Ironwood that I have as well as the records I was able to obtain early on from Foothills Animal Hospital.

I will include the records that I have, but they may be incomplete. Ironwood requested records from Foothills Animal Hospital back in October 2017 when treating my dog, so they have copies as well.

Thank you for your time,

A handwritten signature in black ink, appearing to read 'MTB', with a long, sweeping horizontal line extending to the right.

Monica Tirado-Blinder

Monica Tirado-Binder
~~XXXXXXXXXX~~
~~XXXXXXXXXX~~

November 10, 2017

To the owners of Foothills Animal Hospital.

re: Guera Binder

I took my dog in for a dental. According to you, a healthy Chihuahua with bad teeth. The procedure was done October 10th, 2017. I picked up my dog from you that late afternoon. My dog looked absolutely horrible, but I assumed it was just do to the pain and anesthesia. I have had other much older dogs get dentals and they did not have such a bad experience.

Earlier that day I had called your office because I had not heard from you. Dr. Brandon Prince came to the phone and explained to me that he ran into some issues during surgery so he called a specialist who advised him how to proceed. I brought up a dental plate and what not, but he said she told him how to proceed and it should be fine, the scab will work as the new "jaw bone". I was completely under the impression that this would be nothing major.

My dog was okay the first few days, but then I noticed she began to slow down and did not want to eat. I called on Saturday October 21st. Over the phone I was told you were short handed but I insisted I needed to speak to the doctor. Dr. Prince came to the phone and said there was nothing more he could do, that my dog needed to go to the specialist. I insisted that he see her before he make this determination. I understand you have recordings, so you can verify this. He agreed to meet me if I could get there right away since he stated he is not actually working this day. I rushed over. He saw my dog and I explained that she is not wanting to eat anymore and that she has no energy. Again, he said there was not much he could do. I thought she was like this because she was not eating and mentioned that. He the said there would be 3 options, 1 is a feeding tube, the other the specialist, which he did not highly recommend since she would probably need 3 surgeries and the surgeries were about \$6000. He said she already did not look good, and it would be prolonged pain and suffering , and the he said there is option 3. I asked and he repeated Option 3. I understood it to mean euthanasia. I did not want to do this, so I asked if force feeding was okay, and he said yes. I was sent home with some medicine and dog food that I could force feed. I felt very discouraged as it seemed that other than going to a specialist-for prolonged pain, there were no other options.

A couple of days after my dog became extremely lethargic. I was force-feeding her and giving her drinking water as much as possible. The next morning my dog was completely unresponsive and her breaths were short and slow. She was dying. I rushed her over to Ironwood Vet. I was expecting to have to put her down since I was told by Dr. Brandon Prince that there was not really more that could be done. Ironwood instead began emergency procedures to save my dog. They put her on oxygen, they ran blood work, they gave her meds, and they called your office to get records. It was early and they

were not getting through so I called and had to argue with the answering service to get them to get someone on the line to help me. Once they did, still the records received did not consist of my dog's entire medical records. I had to get on the phone along with their techs and explain that I had in fact paid for blood work so that record should be there. Finally they sent it over. We were also requesting the full xrays done of my dog's mouth and after some time, determine that they in fact did not exist.

I then left my dog and drove from Ironwood to your office and requested my records. I was very emotional and let them know it. There were things said to me that made me understand how so many things went wrong. It upset me even more. Then I could see an employee nudging one of the ladies to get her attention, as if to say stop the conversation.

I am still so confused as to how my dog's dental almost killed her. As you know she has a hole were one of her k9 teeth were pulled. Dr. Prince stated that the suture failed, that they do 50% of the time if not done by a specialist. My questions is then why do my dog's dental? If you knew you could not properly finish it, why not refer it to begin with?

I have now paid over \$1200.00+ for my dog in additional care for a festering infection that developed from an open fistula in my dog's mouth. That is why my dog was so sick. And clearly there was something to be done about it since my dog is alive thanks to the care she received at Ironwood. It was a horrible few days, but she began to improve and is getting better daily. She still has to have the hole sutured closed, and then in the future, possible surgery to repair the broken jaw.

When Dr. Prince called me after getting back from out of town, he stated that he had broken my dog's jaw while taking x-rays. I was shocked, as I did not know this before. Honestly at this point I was beyond confused. His recollections were different than mine.

My vets were Dr. Jerri and Dr. Don. I came to you because you took over their practice and my dog's records were all there. I can only tell you that I regret this decision. I do not think Dr. Brandon Prince had the experience for the type of issues my dog's mouth had. I would have much rather he had said this, and referred her. My dog suffered immensely. I have vet bills piling up, and I am not done yet.

I am asking that you take some responsibility in this matter and pay for the vet bills that I have incurred due to this dental, which I believe was not properly carried out. I am coming to you for resolution. I hope that we can come to an agreement and not have to have any other parties involved.

Sincerely,

Monica Binder

Copy of
Certified Letter
Sent to
Foothills Animal
" " " "



foothills
ANIMAL HOSPITAL

Dr. Kirk Prince
Dr. Brandon Prince
& Associates

4 May 2018

Dear Tracy and Members of the Investigation Division;

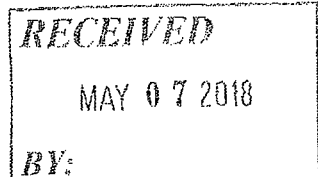
We are responding to your request for information for the pending investigation, reference 18-103, regarding Ms. Monica Binder and her dog Guera. Although Dr. Brandon Prince is the only veterinarian named in the investigation request, we are both responding since Dr. Kirk Prince and Dr. Brandon Prince were involved in the case and performed extractions on Guera during the dental procedure on October 10th, 2017.

Please find attached the requested information for the pending investigation. If you have questions or require additional information, please contact either of us here at the hospital.

Sincerely

Dr. D. Kirk Prince

Dr. Brandon W. Prince.



Narrative Account

- April 15, 2017
 - Guera examined and successfully treated for bloody diarrhea. Owner is advised during the exam of presence of periodontal disease and need for treatment.
- September 15, 2017
 - Dr's, Brandon and Kirk Prince Purchase Foothills Animal Hospital
 - The transition to electronic medical records initiated. Hard copy patient files for the practice were scanned and electronically attached to computer patient files as patients came in for visits. The records provided are printed scanned copies of the originals.
- October 10, 2017
 - Ms. Binder brings Guera in for a dental cleaning. She also requests the DA2PP and Rabies vaccinations be updated and that a microchip be placed for identification.
 - Guera is examined by Dr. Brandon Prince. The dental disease is assessed and a treatment plan including costs for preanesthetic blood work, extractions and dental prophylaxis are provided and approved by the owner.
 - Pre-anesthetic blood work was performed and approved by Dr. Brandon and the patient was anesthetized, placed in left lateral recumbency and maintained on sevoflurane/O₂.
 - The technician performed the dental charting for the right side of the mouth, then called the available veterinarian – Dr. Kirk Prince to perform the extractions.
 - Since most teeth were unstable and the gum recession so severe, several teeth were dislodged with digital movement or could be removed with digital grasping, the decision not to take full mouth radiographs was made.
 - Injections of enrofloxacin and buprenorphine were given at the time of starting the extractions.
 - A radiograph was taken of the lower canine teeth (304,404) to determine the need for extraction. The teeth were very moveable but could not be removed with digital traction the way all other teeth thus far had been removed.
 - The radiograph confirmed significant bone loss and an apical tooth abscess. The right lower canine (304) was elevated and extracted by Dr. Kirk Prince.
 - While the patient was moved into R. lateral recumbency for charting of the L. side of the mouth, Dr. Kirk Prince left the dental suite to see a different patient.
 - While the technician was probing the L side of the mandible and around tooth 309, the mandible fractured.
 - The available veterinarian (Dr. Brandon Prince) was called in to attend to the patient.
 - A radiograph was taken and a mandibular fracture confirmed.
 - Dr. Brandon Prince immediately called the dental specialist Dr. Judith Yee at the Desert Veterinary Specialists hospital in Palm Desert California to determine availability for referral.
 - Dr. Yee was not immediately available for a telephone conversation, however, their office confirmed willingness to accept the referral.
 - Guera was recovered from anesthesia in anticipation of transfer to the specialist for care.
 - A short time later, Dr. Yee returned Dr. Brandon's call. They were glad to accept the referral, however, Dr. Yee advised under such circumstances their course of action would be not to

perform rigid fixation. She further explained that in patients this size and dental disease this severe, they normally manage mandibular fractures conservatively. They advised their course of action would be to not extract the tooth involved in the fracture line and allow the bone to heal by second intention.

- Ms Binder called the hospital while Dr. Brandon was speaking with the specialist. A message was taken and Dr. Brandon returned the owner's call shortly after completing his conversation with the specialist.
- Dr. Brandon informed Ms. Binder that Guera's mandible had been fractured during the dental procedure. He informed her of his conversation with the dental specialist and that the specialist in Palm Desert was willing to accept Guera on a referral basis to examine the fracture and provide treatment. Dr. Brandon offered to refer Guera to the specialist at our hospital's expense for evaluation and treatment. Dr. Brandon also informed Ms. Binder of the specialist's intended course of action to let the fracture heal by second intention, remove the remaining diseased teeth except the tooth at the fracture line and that the specialist would likely not pursue surgical or rigid fixation. Dr. Brandon and Ms. Binder discussed the treatment options at length and Ms. Binder declined referral to the dental specialist. She authorized Dr. Brandon to follow the specialist's advice and remove the rest of the loose diseased teeth and NOT to remove the tooth adjacent to the fracture (309), then allow the mandibular fracture to heal by second intention.
- Guera was re-anesthetized and the remainder of the extractions were completed by Dr. Brandon using digital extraction with gauze and occasional use of minor elevation.
- Dr. Brandon also repaired an oro-nasal fistula with 4/0 monomend and deposited doxycycline in the socket.
- Anesthetic recovery was uneventful and patient was discharged with pain control, antibiotics, and home care instructions.
- October 12, 2017
 - Ms. Binder called the hospital to report Guera seemed painful and asked if she could give the premeasured buprenorphine more frequently. Dr. Kirk Prince approved reducing time between dosages when painful. O was advised if Guera required additional doses of pain medication because of the increased frequency, she could come to the hospital and it would be provided.
- October 21, 2017
 - Ms. Binder called the hospital and spoke to Dr. Brandon Prince. She reported Guera did not seem to be doing well. She reported occasional vomiting and increased urination. She also advised Dr. Brandon she had stopped giving the prescribed antibiotics on October 18th. Dr. Brandon was not working on October 21st and was on his way to the airport to attend his younger brother's wedding in Texas. Despite his tight timeline, he asked Ms. Binder to bring Guera to the hospital right away for a recheck exam.
 - Dr. Brandon examined Guera – see medical notes for details. Dr. Brandon strongly advised Ms. Binder to transfer Guera to a 24hr veterinary hospital for IV fluids, antibiotics and supportive care as he was concerned about dehydration, vomiting and a possible infection. A lengthy discussion about referral to a 24 hospital, the need for supportive care occurred. Questions regarding estimated costs for 24-hour care were discussed. Ms. Binder declined to refer or go to a 24hr care facility. Dr. Brandon reinforced that without supportive care the

dehydration, inappetence and possible infection would get worse. Ms. Binder again refused referral.

- Dr. Brandon then offered to place an esophagostomy tube for the owner to administer fluids, food and medication at home. Ms. Binder declined this treatment as well and insisted she wanted to syringe feed at home.
- Dr. Brandon dispensed medication for pain and vomiting control. He instructed her to use the rest of the antibiotics and to recheck Guera first thing Monday morning – because Guera must be making progress or would need to be hospitalized. Ms. Binder was also informed that one of our doctors was available for on call emergencies over the weekend should Guera get worse.

- October 23, 2017

- Ms Binder called our hospital to speak with Dr. Brandon and was advised the Dr. Brandon was away and that one of our other veterinarians was available. Ms. Binder did not speak with another Dr.
- Ironwood Veterinary Clinic called our hospital and requested copies of the dental radiographs be emailed to their hospital.

- October 24, 2017

- Our hospital received a call from Ironwood (tech named Jenna) requesting all medical records as Guera had arrived at their clinic for care. All records and radiographs were transferred to Ironwood Veterinary Clinic.

- October 26, 2017

- Stanna contacted Monica regarding Guera's condition. Patient is home and stable. Advised o to consider referral to specialist for fracture evaluation and possible oronasal fistula repair.

- October 27, 2017

- Stanna sent owner the contact information for Desert Veterinary Specialists in Palm Desert. Advised client to let us know when she had appointment so could forward records.

- November 2, 2017

- Stanna called o to follow up on specialist appointment timing. Monica said Guera was still being treated for infection and she would make an appointment when pet is better.

- November 24, 2017

- Received letter from owner outlining concerns and request for meeting to come to a resolution. O contacted by Dr. Kirk Prince and appointment schedule for Wed. Nov 29th.

- November 29th, 2017

- Met with owner and a friend she brought with her. Had a lengthy discussion regarding Guera's care at our hospital, Monica's letter and her request to be reimbursed for fees encured at Ironwood clinic - see notes in patient file for discussion details. O did not bring Guera to appointment.
- Monica confirmed Guera's was doing better and the fracture seemed to be healing.
- Offered to comply with Monica's request for reimbursement of fees from Ironwood that were related Guera's fracture and after care. Owner also asked for reimbursement of costs from an oronasal fistula repair that was performed at Ironwood. Discussed that the fistula was due to the advanced dental disease and not necessarily directly related to the fracture. Asked owner to bring all invoices and we would discuss a fair resolution.

Our position regarding these events and Guera Binder's care at our hospital is:

The dental disease was in an advanced state and in the best interest of the patient needed to be addressed. During the dental procedure a fracture unfortunately occurred. When it did, the appropriate steps were taken to provide the best care for the patient – a specialist was consulted, referral to specialist was offered, the client was fully informed of treatment options and the best course of action was advised. Ms. Binder authorized and supported the medical decisions made and the treatments provided. Despite complications, the patient healed and recovered from the fracture and is in better health for having the dental disease resolved. We recognize that our attendance at a family wedding and not being personally available to care for Guera contributed to Ms. Binders frustration with Guera's recovery and medical concerns- even though our associate Dr's were available to care for Guera. As a result of these concerns and Ms. Binders decision to seek care at another veterinary clinic, we informed her we would reimburse her for costs related to the fracture after care that she incurred at Ironwood Veterinary Hospital. Ms. Binder has not yet provided invoices for reimbursement of these costs. We are still glad to reimburse Ms. Binder for these costs.

We feel poor client compliance (discontinuing antibiotics), refusal to get prompt 24 hr care when advised and delayed intervention (October 21st to the 24th) contributed to the complications that occurred during Guera's recovery period. Ms. Binder has responsibility for these decisions.

We feel we have acted with integrity regarding Guera's medical care and have taken responsibility when the unfortunate complication of a mandibular fracture occurred. We made our best efforts to ensure the patient was taken care of and Ms. Binder was given accurate information for her to make decisions in the best interest of her pet. We went above and beyond expectations by offering to cover additional medical costs with another veterinary facility when it was not required. We are confused why Ms. Binder has not brought us the Ironwood invoices for reimbursement.

We respect Ms Binder's right to request the Arizona State Veterinary Medical Examining board to examine the details of the medical care provided. We feel it is unnecessary and irrelevant for her to ask the board to determine if costs incurred at Ironwood Veterinary Clinic should be reimbursed. This concern has already been addressed. She simply needs to provide the invoices to receive reimbursement.

After reviewing the case we realize Ms. Binder was charged for full mouth radiographs and did not receive them. Accordingly, it is only fair that an adjustment for this be made and the fee reduced to the cost of the two radiographs that were taken.

If you have any questions or need additional information, feel free to contact us.

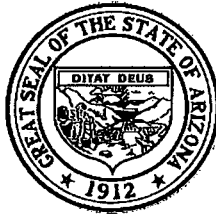
Sincerely



Dr. Brandon Prince



Dr. Kirk Prince.



ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1-PET (1738) ♦ FAX (602) 364-1039

VETBOARD.AZ.GOV

INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: PM Investigative Committee: Donald Noah, D.V.M. - Chair
Amrit Rai, D.V.M.
Adam Almaraz
Christine Butkiewicz, D.V.M.
William Hamilton

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Victoria Whitmore, Executive Director
Sunita Krishna, Assistant Attorney General

RE: Case: 18-103

Complainant(s): Monica Tirado Binder

Respondent(s): Brandon Prince, DVM (License: 6932)

SUMMARY:

Complaint Received at Board Office: 4/19/18

Committee Discussion: 8/7/18

Board IIR: 9/19/18

APPLICABLE STATUTES AND RULES:

Laws as Amended July 2014

(Salmon); Rules as Revised September
2013 (Yellow)

On October 10, 2017, "Guera (Weda)," an 8 ½ year-old female Chihuahua was presented to Respondent for a dental procedure. During the procedure, the jaw was fractured and Respondent offered referral to a specialist. Complainant declined, the dog was re-anesthetized and the dental was completed. The dog was discharged later that day with medication.

On October 21, 2017, the dog was presented to Respondent for a recheck. Referral to a 24 hour facility for hospitalization was recommended but declined. The dog was discharged with food to force feed.

On October 24, 2017, due to the dog's declining condition, he was presented to Ironwood Veterinary Clinic.

Complainant contends Respondent was negligent in the care of the dog.

Complainant was noticed and appeared.

Respondent was noticed and appeared. Dr. Kirk Prince also appeared.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Monica Tirado Binder*
- Respondent(s) narrative/medical record: *Brandon Prince, DVM*
- Consulting Veterinarian(s) narrative/medical record: *Adam Polosetski, DVM – Ironwood Veterinary Clinic*
- Witness(es) narrative: *Foothills Animal Hospital Staff*

PROPOSED 'FINDINGS of FACT':

1. On October 10, 2017, the dog was presented to Respondent for a dental procedure, vaccines and microchip. The dog has a weight = 3 pounds, 14 ounces. No other results of the exam noted in the medical record. Blood work was performed and was within normal limits. An IV catheter was placed and Lactated Ringer's Solution was started; dog was administered the following:

- a. Buprenorphine 0.1mg SQ;
- b. Enrofloxacin 10mg SQ;
- c. Telazol 0.2mLs IV (induction) – no strength noted; and
- d. Sevoflurane (maintenance anesthesia).

2. The dental procedure was started and technical staff charted the right side of the dog's mouth. Respondent's associate, Dr. Kirk Prince, was available to perform the necessary extractions. Respondent stated that since most teeth were unstable and the gum recession so severe, several teeth were dislodged with digital movement or could be removed with digital grasping, the decision was made to not take full mouth radiographs.

3. Respondent further stated that a radiograph was taken of the lower canine teeth to determine the need for extraction. The teeth were very moveable but could not be removed with digital traction the way all other teeth at that point had been removed. Radiograph confirmed significant bone loss and an apical tooth abscess. The right lower canine was elevated and extracted by Dr. K. Prince. Technical staff then rotated the dog to the opposite side and began charting the left side of the mouth. It was at this point, while probing the mandible around tooth 309, the mandible fractured. Respondent was called over by technical staff to attend to the patient. A radiograph confirmed the mandibular fracture. Respondent contacted a dental specialist in Palm Desert to see if he could refer the dog; a dental specialist was available to discuss the case at that time but they were willing to accept the referral.

4. Respondent recovered the dog from anesthesia in anticipation of transfer to the dental specialist. A short time later, the dental specialist returned Respondent's call and advised that due to the dog's size and severe dental disease, they would normally manage the mandibular fracture conservatively; not to extract the tooth involved in the fracture line and allow the bone to heal by second intention.

5. Respondent spoke with Complainant and advised that the dog's mandible was fractured. Complainant understood this to mean that she had brought the dog in with a fractured jaw, not that it was broken during the dental procedure. Respondent advised Complainant of the conversation he had with the dental specialist and her recommended course of action; he offered to refer the dog at Respondent's expense for evaluation and treatment. Complainant declined the referral to the dental specialist and authorized Respondent to follow the specialists'

advice and remove the rest of the diseased teeth (except the tooth adjacent to the fracture) and allow the fracture to heal by second intention.

6. The dog was induced again using Telazol 0.2mLs IV (no strength noted) and maintained on isoflurane (sevoflurane used on prior procedure). Respondent used digital extraction with gauze and occasional use of minor elevation. He also repaired an oro-nasal fistula with 4-0 monomend and placed doxirobe into the socket. Metacam injection 0.35 (?) was administered to the dog – concentration and amount unknown. The dog recovered uneventfully. The dog was discharged later that day with:

- a. Meloxidyl 1.5mg/mL, 10mL; give 1 dose for a 3 pound dog once every 24 hours for 10 days;
- b. Orbax oral suspension; 20; give 0.40mLs by mouth once daily until gone; and
- c. Buprenorphine 0.6mg/mL, 0.60; give 0.05mL by mouth three times daily as needed for pain.

7. There is no surgical monitoring documented. There are copies of an ECG lead for each procedure that shows one time stamp but does not have the animal's respiration rate, only heart rate.

8. On October 12, 2017, Complainant called to report that the dog seemed painful and asked if she could give additional pain medication. Dr. K. Prince approved reducing the time between dosages when painful.

9. On October 21, 2017, Complainant called Respondent and relayed that the dog was not doing well. The dog was vomiting on occasion and urinated more frequently. Respondent requested Complainant bring the dog in for exam before he left town later that day.

10. The dog was presented to Respondent. The dog had a weight = 3.2 pounds, a temperature = 103 degrees, a heart rate = 160bpm and a respiration rate = 60rpm. Respondent noted that dog was QAR, lethargic, painful jaw at fracture site with firm swelling. He was unable to open the dog's mouth to evaluate. The dog was approximately 5% dehydrated. Respondent suspected that the dog's symptoms were secondary to pain or abscessed jaw due to poor compliance with antibiotics (Complainant discontinued after 8 days?). He recommended referral to a specialty facility for work up and aggressive 24 hour care. Respondent further discussed the need for a feeding tube if the dog was unable to eat due to jaw pain. Complainant declined referral and feeding tube, she wanted to try syringe feeding the dog recovery diet. The dog was administered and discharged with the following:

- a. Famotidine 10mg/mL, 0.15 SQ;
- b. Cerenia 0.15 SQ;
- c. Meloxicam 1.5mg/mL, 10mL; give 0.1mL by mouth once daily for pain.

11. According to Complainant, Respondent gave her three options – feeding tube, specialist or euthanasia – Respondent did not recommend the specialist because it could take three additional surgeries at around \$6,000 and would be a long painful process. Complainant did not want to give up and asked if she could force feed. Respondent agreed and gave Complainant syringes and food, with instructions.

12. On October 24, 2017, the dog was presented to Ironwood Veterinary Clinic. The dog was lateral recumbent, seizing, hypoglycemic, hypothermic, bradycardic and bradypnea. An IV catheter was placed, medication administered and diagnostics were performed. Dr. Polosetski recommended referral to an emergency facility for 24 hour care, Complainant declined therefore the dog was hospitalized at Ironwood despite risks. The dog improved and was discharged the following day. Dr. Polosetski again recommended referral to a specialist to repair the fractured jaw, Complainant declined.

13. Dr. Polosetski reported that the dog slowly improved over time, oronasal fistula surgery was performed; the jaw fracture is healed and the dog is back to normal.

14. Respondent stated that they made the best effort to ensure the dog was taken care of and have taken responsibility for the unfortunate complication of the mandibular fracture. They have offered to refund Complainant once the invoices for Ironwood Veterinary Clinic were submitted to them as well as the fees for the full mouth radiographs that were not performed. Respondent did feel that there was poor client compliance due to discontinuing antibiotics early and refusal to get 24 hour care when advised.

15. Complainant expressed concerns that it was unclear who had broken the dog's jaw and that she was originally told the dog came in with a fractured jaw. Additionally, she does not recall being sent home with antibiotics only an anti-inflammatory and pain medication.

COMMITTEE DISCUSSION:

The Committee discussed that the good news was that the dog was doing well at this point. It is not that uncommon for a small dog's jaw to fracture during a dental procedure with severe dental disease.

The Committee expressed concerns with medical record keeping issues and the lack of follow up care with a dog with a broken jaw. Respondent advised Complainant that they wanted to recheck the dog in 30 days; no efforts were made to ensure the dog was healing properly. Additionally, the Committee would have liked the dog sent home with additional pain medications and instructions with respect to ensuring the dog was receiving enough nutrition.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that possible violations of the *Veterinary Practice Act* occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board find:

ARS § 32-2232 (21) as it relates to AAC R3-11-502:

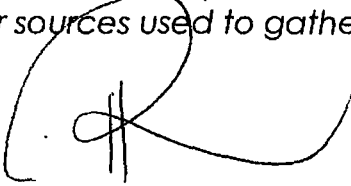
- *(H) (2) failure to document the dog's temperature, heart rate, respiration rate and general condition prior to surgery being performed on October 10, 2017;*
- *(H) (3) failure to document the dog's heart rate and respiration rate immediately after giving a general anesthetic and every 15 minutes while anesthesia is being*

- administered on both dental procedure performed on October 10, 2017; and
- (L) (7) (a)(d) failure to document the name, concentration and route of administration of the induction drug as demonstrated on the surgical monitoring forms for October 10, 2017.

ARS § 32-2232 (12) as it relates to AAC R3-11-501 (1) failure to provide professionally acceptable procedures with respect to the lack of post-op follow up care that almost resulted in the death of the dog and not recommending follow up care sooner than 30 days after a dental procedure that resulted in multiple extractions and a fractured jaw.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.



Tracy A. Riendeau, CVT
Investigative Division



ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

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IN ACCORDANCE WITH A.R.S. § 32-2237(D): "IF THE BOARD REJECTS ANY RECOMMENDATION CONTAINED IN A REPORT OF THE INVESTIGATIVE COMMITTEE, IT SHALL DOCUMENT THE REASONS FOR ITS DECISION IN WRITING."

At the September 19, 2018 meeting of the Arizona State Veterinary Medical Examining Board, the Board considered the recommendations of the Investigative Committee in regards to case number 18-103 In Re: Brandon Prince, D.V.M.

The Board considered the Investigative Committee's Findings of Fact and Conclusions of Law:

ARS § 32-2232 (21) as it relates to AAC R3-11-502:

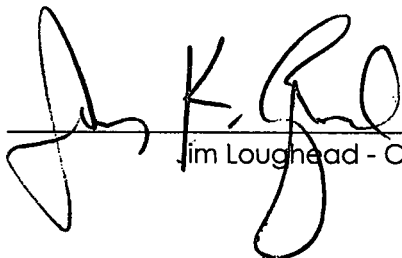
- (H) (2) failure to document the dog's temperature, heart rate, respiration rate and general condition prior to surgery being performed on October 10, 2017;.
- (H) (3) failure to document the dog's heart rate and respiration rate immediately after giving a general anesthetic and every 15 minutes while anesthesia is being administered on both dental procedure performed on October 10, 2017; and
- (L) (7) (a)(d) failure to document the name, concentration and route of administration of the induction drug as demonstrated on the surgical monitoring forms for October 10, 2017.

ARS § 32-2232 (12) as it relates to AAC R3-11-501 (1) failure to provide professionally acceptable procedures with respect to the lack of post-op follow up care that almost resulted in the death of the dog and not recommending follow up care sooner than 30 days after a dental procedure that resulted in multiple extractions and a fractured jaw.

Following discussion, the Board voted to offer Respondent a Consent Agreement, but did not agree with the Investigative Committee's recommendation of failure to provide professionally acceptable procedures with respect to the lack of post-op follow up care. The Board felt Respondent's recommendation was reasonable due to the fractious nature of the dog which could potentially cause the animal further harm if sooner follow up was performed.

Respectfully submitted this 17th day of October, 2018.

Arizona State Veterinary Medical Examining Board


Jim Loughhead - Chair